

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No. 0938-

HAWAII

State/Territory: \_\_\_\_\_

Citation            7.4    State Governor's Review

42 CFR 430.12(b)            The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

☒ Not applicable. The Governor--

☐ Does not wish to review any plan material.

☐ Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

DEPARTMENT OF HUMAN SERVICES

\_\_\_\_\_  
(Designated Single State Agency)

Date: November 1, 1991

  
(Signature)

DIRECTOR

\_\_\_\_\_  
(Title)

TN No. 91-20  
Supersedes            Approval Date 11/19/91            Effective Date 10/01/91  
TN No. 90-06

HCFA ID: 7982E